Sep 25 20, 08:06p Ramona wihteside Case 20-15241 Doc 22-3

7085661599 Filed 09/29/20 Entered 09/29/20 12:21:44

Page 1 of 5 В Department of the Treasury --Internal Revenue Service IRS Use Only-Do not write or staple in this space. OMB No. 1545-0074 U.S. Individual Income Tax Return See separate instructions. . 20 2016, ending For the year Jan. 1-Dec. 31, 2016, or other tax year beginning Your social security number Last name Your first name and initial WHITESIDE RAMONA Spouse's social security number If a joint return, spouse's first name and initial Last name Apt. no. Home address (number and street). If you have a P.O. box, see instructions. Make sure the SSN(s) above and on line 6c are correct. 17101 CREGIER City, town or post office, state, and ZIP code, if you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign Check here if you, or your spouse if filing SOUTH HOLLAND IL 60473 jointly, want \$3 to go to this fund. Checking Foreign postal code Foreign province/state/county a box celow will not change your tax or Foreign country name rofund\_ - 🔲 You - 💽 Cpsuce Head of household (with qualifying person). (See instructions.) If ☐ Single Filing Status the qualifying person is a child but not your dependent, enter this 2 Married filing jointly (even if only one had income) child's name here. ☐ Married filing separately. Enter spouse's SSN above Check only one Qualifying widow(er) with dependent child 5 and full name here. box. Boxes checked Yourself. If someone can claim you as a dependent, do not check box 6a . on 6a and 6b **Exemptions** No. of children Spouse (4) / if child under age 17 on 6c who:
- lived with you (2) Dependent's (3) Dependent's Dependents: qualifying for child tax credit relationship to you social security number did not live with (see instructions) (1) First name Last name you due to divorce Brother VIRGIL LOGAN or separation (see instructions) If more than four Dependents on 6c dependents, see not entered above instructions and Add numbers on check here ▶ □ Total number of exemptions claimed . . . d 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 Income 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a . Attach Form(s) Ordinary dividends. Attach Schedule B if required 9a W-2 here. Also b attach Forms 10 Taxable refunds, credits, or offsets of state and local income taxes 10 W-2G and 11 1099-R if tax 11 was withheld. 12 Business income or (loss). Attach Schedule C or C-EZ  $\,$  . 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 14 If you did not 14 get a W-2. 15b b Taxable amount IRA distributions 15a 15a see instructions. 16b b Taxable amount 16a Pensions and annuit es 16a Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 17 18 Farm income or (loss). Attach Schedule F . . . . 18 19 Unemployment compensation 19 20b Social security benefits | 20a b Taxable amount 20a 21 21 Other income. List type and amount 69,732 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 Educator expenses 23 **Adjusted** Certain business expenses of reservists, performing artists, and 24 Gross fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Income Health savings account deduction. Attach Form 8889 . 25 25 26 26 Deductible part of self-employment tax. Attach Schedule SE . 27 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed health insurance deduction 29 29 30 Penalty on early withdrawal of savings . . . 30 31a Alimony paid **b** Recipient's SSN ▶ 31a 32 IRA deduction . . . . . . 593 33 Student loan interest deduction . 33

593.

139.

Add lines 23 through 35 . . . . . . .

Domestic production activities deduction. Attach Form 8903

Subtract line 36 from line 22. This is your adjusted gross income

Tuition and fees. Attach Form 8917.

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Form 1040 (2016	)		Page ∠
:	38	Amount from line 37 (adjusted gross income)	<b>38</b> 69,139.
	39a	Check Tou were born before January 2, 1952, Blind. Total boxes	
Tax and	<b>0</b> 54	if: Spouse was born before January 2, 1952, ☐ Blind. checked ▶ 39a ☐	1
Credits	<b>L</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b	
	b	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	19,750.
Standard Deduction	40		41 49,389.
for—	41	Subtract line 40 from line 38	
• People who	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43 41,289.
39a or 39b <b>or</b>   who can be	44	Tax (see instructions). Check if any from: a  Form(s) 8814 b Form 4972 c .	44 5,529.
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46
instructions.	47	Add lines 44, 45, and 46	<b>47</b> 5,329.
<ul> <li>All others:</li> </ul>	48	Foreign tax credit, Attach Form 1116 if required	
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49	
separately, 5 \$6,300	50	Education credits from Form 8863, line 19	
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51	
jointly or	52	Child tax credit. Attach Schedule 8812, if required	
Qualifying widow(er),		Residential energy credits. Attach Form 5695	
\$12,600	53		
Head of household,	54	General of constraint and the co	55
\$9,300	55	Add lines 48 through 54. These are your <b>total credits</b>	
	56	Subtract life 33 from life 37. If life 33 is more trial time 17, 37.69	
	57	Self-employment tax. Attach Schedule SE	57
Other	<b>5</b> 8	Unreported social security and Medicare tax from Form: a 🗌 4137 b 📗 8919	58
Taxes	<b>5</b> 9	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
Iaves	60a	Household employment taxes from Schedule H	60a
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b
	61	Health care: individual responsibility (see instructions) Full-year coverage 🗵	61
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62
	63	Add lines 56 through 62. This is your total tax	<b>63</b> 5,529.
Dormonto	64	Federal income tax withheld from Forms W-2 and 1099 . 64 6, 622.	
Payments		2016 estimated tax payments and amount applied from 2015 return 65	[
if you have a	<u>65</u>	Earned income credit (EIC) No	1
qualifying	<u>66</u> a		1
child, attach	b		1 1
Schedule ElC.	67	Additional child tax credit. Attach Schedule 8812 67	-
	68	American opportunity credit from Form 8863, line 8 68	-
	69	Net premium tax credit. Attach Form 8962 69	-
	70	Amount paid with request for extension to file	-
	71	Excess social security and der 1 RRTA tax withheld 71	
	72	Credit for federal tax on fuels. Attach Form 4136 72	<u> </u>
	73	Credits from Form: a 2439 b Reserved c 8835 d 73	<u> </u>
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74 6,622.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b> 1,093.
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here . ▶ □	<b>76a</b> 1,093.
Direct deposit?		Routing number	
See	▶ d	Account number X X X X X X X X X X X X X X X X X X X	
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax ▶ 77	1
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78
You Owe	79	Estimated tax penalty (see instructions)	
			s. Complete below. No
Third Party	,	Deve-and I dev	ntification
Designee	na	me ► CYNTHIA WHITE WILSON no. ► (773)734-6646 number (PIN)	<b>▶</b> 86775
Sign	Under	peralties of perjury, I deplace that I have examined this return and accompanying schedules and statements, and to the best of my knowle	edge and belief, they are true, correct, and
Here		tel attes of pe pay, to state that the period of the tax year. Declaration of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information.	Daytime phone number
Joint return? See		Transpeture Date Your occupation	Daytime phone fulliber
instructions.		NIMA WILLIAM NURSE	Habe IDD and or Identific Descript
Keep a copy for	<b>▼</b> Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it
your records.	e.		here (see inst.)
		int/Type preparer's name Preparer's signature Date	I □ PTIN
Paid	Pr	Tropard of States	Check If
Paid Preparer		NTHIA WHITE WILSON CYNTEIA WHITE WILSON 08/20/2020	self-employed PC0667479
Paid Preparer Use Only	CAI	Topare of organization	Check ☑ if self-employed PC0667479  Firm's EIN ► 47-2508982  Phone no. (773) 734-6646

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<b>£104</b> 0	Depa	ariment of the Treasury—Internal Revenue S	Service	(99)   MA	18 CMB NO.		$\mathbb{C}^{\vee}$	PY	_			
0 I UTU	<u>' U.</u>	S. Individual Income 1	<del> </del>	<u> </u>	CIVIE 110.	1545-0074		<u> </u>	rite or stap	ole in this space.		
Filing status:		Single Married filing jointly	Married filing		Head of household	Qualifyir	g widow(er	<del></del>				
Your first name RAMONA	and in	TB al	Last nar	E-BANDY				Your so	cial secu	urity number		
Your standard d	leducti	on: Someone can claim you as			e bom before Januar	n/2 <b>10</b> 5/	□ vou.	are blind				
		s first name and initial	Last nar		e bom belore dandar	y 2, 1854		Spouse's social security number				
,, -,-								1				
Spouse standard	deduct	ion: Someone can claim your spo	ouse as a dep	endent 🔲 S	pouse was born befo	ore January 2,	1954	Full-	vear healt	th care coverage		
Spouse is bli	ind	Spouse itemizes on a separate	e return or you	u were dual-status	alien				empt (see			
Home address (	numbe	er and street). If you have a P.O. box,	see instructio	ons.			Apt. no.			on Campaign		
17101 CR	EGI	ER AVE	•					(see inst.)	<u> </u>	You 🔲 Spouse		
•		ce, state, and ZIP code. If you have a	foreign addre	ess, attach Schedu	ule 6.			1		dependents,		
		ND IL 60473 ·			T				and ✓ h	لبببا		
Dependents ( (1) First name	see ir	istructions): Last name	[2) S	locial security number	r (3) Relationship	to you	(4) Child tax	) ✓ if qualifie credit		nst.): other dependents		
VIRGIL D		LOGAN			Brother			1000	OFCIATION	×		
VIRGIL D		LOGAN			Procuer							
		penalties of perjury, I declare that I have exa and complete. Declaration of preparer (oth						nowledge and	d be lef, the	ay are true,		
Here		our signature	er mar tarpaya	Date	Your occupation	or nus arry rener		If the IRS se	nt you an	Identity Protectio		
Joint return? See instructions.		Camma l As D	wal		NURSE	•		PIN, enter it here (see ins		ПП		
Keep a copy for	s	poyse's signature. If a joint return, bo	th must sign.	. Date	Spouse's occupation			If the IRS se	ent you an I	Identity Protectio		
your records.	<u>'</u>							PIN, enter it here (see ins				
Paid	P	reparer's name Pr	reparer's sign	ature		PTIN	Fi	irm's EIN	Chec			
Preparer						<u> </u>			ard Party Designee			
Use Only		mm's name ▶ Self-Prep	ared	red Pr						Self-employed		
For Disclosure, I		rm's address ► y Act, and Paperwork Reduction Ac	ct Notice, se	e separate instru	ctions,				Fc	om <b>1040</b> (2018		
				•								
Form 1040 (2018)							-			Page 2		
	1	Wages, salaries, tips, etc. Attach Fo	1		b Taxable	interest	}	1 2b		73,615.		
Attach Form(s) W-2. Also attach	2a 3a	Tax-exempt interest	2a 3a		b Ordinary			3b	· · · · · · · · · · · · · · · · · · ·			
Form(s) W-2G and	4a	IRAs, pensions, and annuities	4a		b Taxable amount			4b				
1099-R if tax was withheld.	5a	Social security benefits	5a		b Taxable	amount .	[	5b	,_,_,	<del></del>		
	6	Total income. Add lines 1 through 5. Add	any amount fro	om Schedule 1, line 2		[	6		73,615.			
	7	Adjusted gross income, if you have subtract Schedule 1, line 36, from li		nents to income,	enter the amount for	om line 6; oti	ierwise,	7		73,373.		
Standard Deduction for—	8	Standard deduction or itemized dec		Schedule Ai .				8		18,000.		
<ul> <li>Single or married filing separately,</li> </ul>	9	Qualified business income deduction	·				[	9				
\$12,000	10	Taxable income. Subtract lines 8 an	10		55,373.							
<ul> <li>Married filing jointly or Qualifying</li> </ul>	11	<b>a</b> Tax (see inst.) 6,731. (check if any from: 1 Form(s) 8814 2 Form 4972 3)										
widow(er), \$24,000		b Add any amount from Schedule 2 and check here								6,731.		
Head of household.	12	a Child tax credit/credit for other dependents 500 . b Add any amount from Schedule 3 and check here ▶ □								500.		
\$18,000 • If you checked	13	Subtract line 12 from line 11. If zero or less, enter -0						13		6,231. 0.		
any box under	14 15	Other taxes, Attach Schedule 4						15		6,231.		
Standard deduction,	16	Federal income tax withheld from Forms W-2 and 1099						16		4,194.		
see instructions.	17	Refundable credits: a EIC (see inst.) No   b Sch. 8812   c Form 8863										
		Add any amount from Schedule 5										
	18	Add lines 16 and 17. These are you	r total payme	nts				18		4,194.		
Refund	19	If line 18 is more than line 15, subtra			•	•	· <u>.</u>	19				
Dimet denocité	20a	Amount of line 19 you want <b>refund</b>	,				┡╙╏	20a				
Direct deposit? See instructions.	►b ►d	·			c Type: ☐ Check		avings					
	21	Account number A A A A A A A A A A A A A A A A A A A			<del>, , , , , , , , , , , , , , , , , , , </del>	AAA						
Amount You Owe		Amount you owe, Subtract line 18	_			ions	. >	22		2,088.		
	23	Estimated tax penalty (see instruction			. ▶ 23	51						

Sep 28 20, 01:50p Ramona wihteside 7085661599 p.2

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<b>£104</b>	0 บ	partment of the Treasury—Internal Revenue Serv. .S. Individual Income Ta	<sub>ice</sub> x Re	eturn 20	19 OMB No. 154	5-007	4 IRS Use Only	De not w	rite or st	anle in th	hie enaca
Filing Status Check only one box.	lf y	Single Married filling jointly cu checked the MFS box, enter the name		ed filing separately (MF ouse. If you checked	S) X Head of househ	old (H	IOH) 🔲 Qual	ifying wid	ow(er)	(QW)	
Your first nam	e and n	riddle initial	Last	name	T			Your so	cial se	curity n	umber
RAMONA			WHI	ITESIDE-BAN	DΥ						1001
If joint return,	spouse	s first name and middle initial	Lasti	name	<u> </u>		-	Spouse's	s socia	l securi	ty number
17101 C	REGI						Apt. no.	Check here	if yau, c	r your sp	ampaign ouse if fling
		ce, state, and ZIP code. If you have a fore ND IL 60473	ign add	dress, also complete	spaces below (see instru	ction		jointly, wan Checking a tax or refund	box belo		fund. t change you Spouse
Foreign count	ry name			Foreign province/st	ate/county	Fore	ign postal code	lf more ti see instr			
Standard Deduction	_	eone can claim:		Your spouse as re a dual-status alien	a dependent	<b>1</b> .,,					
Age/Blindness	You:	Were born before January 2, 1955		Are blind Spous	e: 🔲 Was born befor	e Jan	uary 2, 1955	ls olin	ıd		
Dependents (1) First name	(see in	structions): Last name	(2)	Social security number	1			qualifies for dit			): lependents
VIRGIL I	)	LOGAN		<del>-</del>	Brother			T		X	
			T							<del></del>	
	1	Wages, salaries, tips, etc. Attach Form(	s) W-2			-		1		72	<b>,1</b> 65.
	2a	Tax-exempt interest :	2a		b Taxable interest. A	ttach	Sch. B if require	d 2b			
Standard	) 3a	Qualified dividends	3a .		<b>b</b> Ordinary dividends.	Attac	h Sch. B if require	d 3b			
Deduction for—	4a	IRA distributions	4a		b Taxable amount			4b			
Single or Married filing secarately,	С	Pensions and annuities	ic		d Taxable amount			4d			
\$12,20C	5a	Social security benefits !	5a		b Taxable amount			5b			
Married filing jointly or Qualifying	6	Capital gain or (loss). Attach Schedule [	) if requ	uired. If not required,	check here	-	▶ [	6			
widow(er), \$24,400	7a	Other income from Schedule 1, line 9						7a			0.
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7	a. This	is your total income				7b		72	,165.
household, \$18,350	8a	Adjustments to income from Schedule	l, line 2	22				8a			436.
If you checked	ь	Subtract line 8a from line 7b. This is you	ır adjus	sted gross income				8b		71,	729.
any box under Standard	9	Standard deduction or itemized dedu	ctions	(from Schedule A) .	<u>9</u>		18,560	٠.			
Deduction, see instructions.	10	Qualified business income deduction, A	ttach F	or 8995 or Form 89	995-A 10						
	11a	Add lines 9 and 10						11a		18,	560.
	b	Taxable income, Subtract line 11a from	line 8l	b. If zero or less, ente	er -0			11 <b>b</b>		53.	169.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2019)

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Form **1040** (2019)

Desc Exhibit

Form 1040 (201	9)			· ·								Page 2	
,	12a	Tax (see inst.) Check if any from	Form(s): 1 🔲 88°	14 <b>2</b> 4972	3 🔲	12a	e	.137.	T	Т		ago	
	b	Add Schedule 2, line 3, and line				. •	125		6.	137.			
	1 <b>3</b> a	Child tax credit or credit for oth	ner dependents .			13a		500.					
	b	Add Schedule 3, line 7, and line	e 13a and enter the	e total				. ▶	13b	ĺ		500.	
	14	Subtract line 13b from line 12b	. If zero or less, en	ter-0					14		5.	637.	
	15	Other taxes, including self-emp	oloyment tax, from	Schedule 2, line	10				15			0.	
	16	Add lines 14 and 15. This is you	ur total tax					. •	16		5,	637.	
	17	Federal income tax withheld fro	om Forms W-2 and	11099					17			186.	
• If you have a	18	Other payments and refundable	e credits:										
qualifying child, attach Sch. EIC.	a	Earned income credit (EIC) .			No	18a				ļ			
• If you have	ь	Additional child tax credit. Attac	ch Schedule 8812			18b	*	-	1	ĺ			
nontaxable combat pay, see	c	American opportunity credit fro	m Form 8863, line	8		18c			1	}			
instructions.	d	Schedule 3, line 14				18d		****	1				
	е	Add lines 18a through 18d. The	se are your total o	ther payments	and refundable cre	dits .		. ▶	18e				
	19	Add lines 17 and 18e. These are	e your total payme	ents	<b>.</b>			. ▶	19		1,	186.	
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid									<u></u>	<del></del>	
	21a	Amount of line 20 you want refu	unded to you. If Fo	orm 8888 is attac	hed, check here	- ,		▶ 🔲	21a				
Direct deposit? See instructions.	►b	Routing number XXX	x x x x	x   x	► c Type:	Checking		Savings					
oce manacaons.	≯d	Account number   X   X   X   X   X   X   X   X   X											
	22	Amount of line 20 you want app	olied to your 2020	estimated tax		22							
Amount	<b>2</b> 3	Amount you owe. Subtract line	e 19 from line 16. F	or details on how	v to pay, see instruct	ions .		. ▶	23		4	583.	
You Owe	24	Estimated tax penalty (see instr	uctions)		<b>.</b>	24		132.			<u>-</u>		
Third Party Designee		you want to allow another persor	n (other than your p	paid preparer) to	discuss this return v	rith the IRS	S? See ins	tructions.			omplete	e below.	
(Other than paid preparer)		signee's me ▶		Phone no. ►			Personal identi number (PIN)						
<u> </u>								. , .					
Sign Here	con	der penalties of perjury, I declare that I rect, and complete. Declaration of prep	have examined this parer (other than taxpa	return and accomp eyer; is based on all	anying schedules and s information of which pr	tatements, a eparer has a	and to the l my knowled	pest of my ki lge.	nowledg	e and b	elief, the	y are true,	
	والأسر	ur signature	Date	Your occupation				f the IRS sent you an Identity Protection PIN, enter it here					
Joint return?	10	AMOUNT WIT	ex) ia					ction P nst.)	IN, ente	er it hen	<u>e</u>		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			<del>-</del>	<u>_</u>		at wour	SPOUSA		
Keep a copy for your records.	,	•	opoudo a dedupation					the IRS sent your spouse an entity Protection PIN, enter it he					
your records.								(see inst.)					
<del></del>		Phone no.		Email address									
Paid	Pre	Preparer's name Preparer's signa		ture Dat			Date PTI			Check if:			
Preparer										_ □ 3	rd Party	Designee	
Use Only	Fin	m's name ▶ Self-Pr		Phone no. Self-employed						oloyed			
	Firm's address ►							Firm's	Firm's EIN ➤				
Go to www.irs.gov/Form1040 for instructions and the latest information.					BAA	REV 06/	19/20 TTW			Fc	om 104	40 (2019)	